

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

 Signed: _____
 Person Authorized to Purchase

 I hereby certify that there is an unobligated balance in the
 applicable fund sufficient to pay the above order.

Date: _____, _____

Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(Receiving Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: _____
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

Date: _____, _____

Signed: _____
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, _____

Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(File Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, ____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order:				

Signed: _____
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

Date: _____, ____

Signed: _____
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, ____

Treasurer

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date: _____, ____

Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS **FORM No. SA-2 (Rev. 1970)**

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

 Superintendent or Principal _____
 Treasurer

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS **FORM No. SA-2 (Rev. 1970)**

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

Combination form for payroll use as well as accounts payable

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____, SCHOOL _____ No. _____
_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

ORIGINAL

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____, SCHOOL _____ No. _____
_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

DUPLICATE

TICKET SALES

SCHOOL _____
GAME _____
OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

TICKETS								
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.				

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

ORIGINAL

TICKET SALES

SCHOOL _____
GAME _____
OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

TICKETS								
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.				
	TOTAL							

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

DUPLICATE

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1	RECEIPTS DURING PERIOD 2	EXPENDITURES 3	BALANCE END OF PERIOD 4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$

CASH RECONCILEMENT

NAME OF BANK	LOCATION
DEPOSITORY BALANCE _____	\$ _____
CASH ON HAND (ADD)	
TOTAL CASH ON HAND AND IN DEPOSITORY	\$ _____
TOTAL OF OUTSTANDING CHECKS (DEDUCT)	\$ _____
BALANCE _____	

OUTSTANDING CHECKS

_____, ____

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
		\$ _____	BROUGHT FORWARD		\$ _____
CARRIED FORWARD		\$ _____	TOTAL		\$ _____

DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS

_____ FUND
RECEIPTS

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT
		\$
TOTAL RECEIPTS		\$

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2,
PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT
	\$
TOTAL EXPENDITURES	\$

Name of Bank

Location of Bank

BOND OF SCHOOL TREASURER

Name of Surety _____
Amount of Bond \$ _____
Date of Expiration _____

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

Treasurer

Principal

School Corporation:

1 copy to Board of School Trustees or Board
of School Commissioners

1 copy to Superintendent of Schools

SCHOOL EXTRA-CURRICULAR ACCOUNT

_____ FUND

NO. _____

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT**PAID BY CHECK:**

DATE _____

No. _____ Date _____, _____

Purchased From _____
Address _____

Purchased For _____

Delivered To _____

Invoice Handed To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Approved for Payment _____

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

Date _____, _____

Signed: _____

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date _____, _____

Treasurer

Date: _____ **SUMMARY COLLECTION FORM** NUMBER _____

_____ School

Deposit To: _____ Time Frame of Fundraiser: _____
(Fund)

Reason for Receipts: _____
(Fundraiser, Field Trip . . .)

Sponsor: _____, Title: _____
(Please Print Name)

RECEIPT DETAIL:

CASH: _____

CHECKS AND MONEY ORDERS: _____
(See Detail Below)

TOTAL: _____

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS
AND REPORTED THE SAME HEREIN
(Signature of Fund Representative, Name is Printed Above)

Detail Checks/Money Orders
(Attach Additional Information As Needed)

<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets \$ _____

Grand Total \$ _____

Date: _____

ACCOUNTABLE ITEMS REVIEW

Number: _____

_____ School

Time Frame of Report: _____

DESCRIPTION: _____

Beginning Inventory _____

Purchases _____

Subtotal _____

Complimentary Distributions
Per School Board Policy:

Athletic Teams _____

Staff Meetings _____

Awards _____

Other _____

Total _____

Total Eligible for Sale _____

Ending Inventory _____

Items Sold _____

Sale Price \$ _____

Projected Revenue (Items Sold @ Sale Price) \$ _____

Actual Amount Received \$ _____

Difference \$ _____

Signed: _____

Title: _____

_____, _____
Date Name of School or School Corporation

[illegible]

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

_____, SCHOOL, _____, INDIANA

Receipt _____ 0001

Date_____
Name of Student_____
Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

Issuing Officer

SF - 1

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date _____, _____

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

School _____

[illegible]

SF-2A

SCHOOL FOOD SERVICE
DAILY RECORD OF MEALS/MILK SERVED

School _____

LINE No	Date _____	NSLP						AFTER SCHOOL SUP.						SBP						Kindergarten Special Milk			LINE No			
		Number of Meals Served to Students				Paid Adult Meals	SF-1 Other Meals	Total NSLP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SUP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SBP Meals		Kindergarten Special Milk		
		Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.	Total					Paid	Free	Total
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2																								2		
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30																								30		
TOTALS																								31		

Date _____ Signature _____

School _____

[illegible]

School _____

[illegible]

SF-5

SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School _____

School Year _____

[illegible]

SF-6

Page ____ of ____

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL _____

Date _____

[illegible]

Governmental Unit

SAMPLE

[illegible]